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FREE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER			Attorney's Docket No: A-357C	
Serial No. 09/687,993	Filing Date October 13, 2000	Examiner Hayes, R. C.	Group Art Unit 1647	
In Re Application of Shaw-Fen Sylvia Hu				
For Truncated Glial Cell Line-Derived Neurotrophic Factor				

TO THE COMMISSIONER FOR PATENTS:

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- ☐ One month of original due date (\$110.00)
- ☐ Two months of original due date (\$410.00)
- ☒ Three months of original due date (\$930.00) ✓
- ☐ Four months of original due date (\$1,450.00)
- ☐ Five months of original due date (\$1,970.00)

☒ A response in connection with the matter for which this extension is requested:

- ☒ is filed herewith.
- ☐ has been filed.
- ☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

☒ The accompanying papers include amended claims for which no additional fee is required.

☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

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CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$84	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$280	= 0.00
Total Additional Fee for this Amendment						\$0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☐ The following other fees are incurred by the accompanying papers.

☐ Other: _____

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 930.00. A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:
US Patent Operations/RLS
Dept. 4300, M/S 27-4-A
AMGEN INC.
One Amgen Center Drive
Thousand Oaks, California 91320-1799

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Phone: (805) 447-5992
Date: July 29, 2003

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EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: EL360691995US Date of Deposit: July 29, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-4450.

Lynne Buchsbaum Printed Name Signature